

PTO/SB/17 (10-03)

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**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **\$110.00****Complete if Known**

Application Number	09/772,572
Filing Date	January 30, 2001
First Named Inventor	Takaaki SHIMADA et al.
Examiner Name	Catharine Anderson
Art Unit	3761
Attorney Docket No.	121027-041

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number **12-2136**Deposit Account Name **BUTZEL LONG**

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments☐ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 60	Provisional filing fee	
<b>SUBTOTAL (1)</b>			<b>(\$)</b>

**2. EXTRA CLAIM FEES FOR UTILITY AND**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** = 0	X	0.00
Multiple Dependent	-3** = 0	X	0.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			<b>(\$)</b> <b>\$0.00</b>

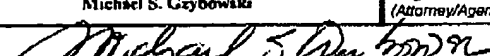
\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	2053 130	Non - English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	110.00
1252 420	2252 210	Extension for reply within second month	
1253 960	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 280	2403 145	Request for oral hearing	
1451 1,610	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 840	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR § 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Statement	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			


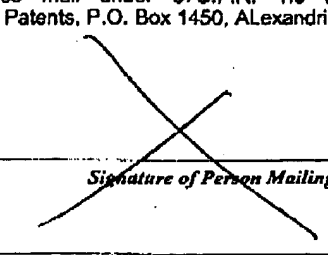
\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **(\$)** **\$110.00****SUBMITTED BY**

Name (Print/Type)	Michael S. Grybowski	Registration No. (Attorney/Agent)	32,816	Telephone	703-995-3110
Signature				Date	March 17, 2004

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>121027-041</b>		
Applicant(s): <b>Takaaki SHIMADA et al.</b>					
Serial No. <b>09/772,572</b>	Filing Date <b>January 30, 2001</b>	Examiner <b>Catharine Anderson</b>	Group Art Unit <b>3761</b>		
Invention: <b>PULL-ON DISPOSABLE DIAPER</b>					
<b><u>TO THE COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="margin-top: 20px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2136     <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.     <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div>					
<div style="margin-top: 20px;"> _____ Signature</div>			Dated: <b>March 17, 2005</b>		
Filed via facsimile transmission.					
cc:					
<div style="margin-bottom: 10px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="text-align: center; margin-bottom: 10px;"> _____ Signature of Person Mailing Correspondence</div> <div style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</div>					

**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**Applicant(s): **Takaaki SHIMADA et al.**

Docket No.

**121027-041**

Serial No.

**09/772,572**

Filing Date

**January 30, 2001**

Examiner

**Catharine Anderson**

Group Art Unit

**3761**

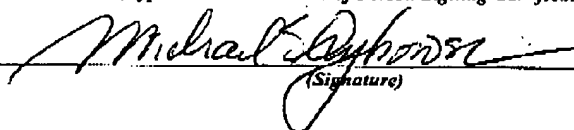
Invention:

**PULL-ON DISPOSABLE DIAPER****RECEIVED  
CENTRAL FAX CENTER****MAR 17 2004****OFFICIAL**I hereby certify that this Amendment, Amendment Transmission, EOT, Fee Transmission  
(Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)on March 17, 2004

(Date)

Michael S. Gzybowski

(Typed or Printed Name of Person Signing Certificate)

  
(Signature)

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